

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90825 011 ***150.00

DOCUMENT # P99000091680

1. Entity Name

HI-TECH STRUCTURES, INC.

Principal Place of Business

**46 N. WASHINGTON BLVD., STE. 25A
SARASOTA FL 34236**

Mailing Address

**46 N. WASHINGTON BLVD., STE. 25A
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR**65-0979078**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, PAUL A**46 N. WASHINGTON BLVD., STE. 25A
SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **STEINACKER, DELANO SR**
STREET ADDRESS **60 CORAL CR.**
CITY-STATE-ZIP **KEY LARGO FL 33037**TITLE ☒ Change ☐ Addition
NAME **2813 SW 32 Ave**
STREET ADDRESS **OCALA, FL 34474**
CITY-STATE-ZIPTITLE **D** ☐ Delete
NAME **MORAN, PAUL A**
STREET ADDRESS **46 N WASHINGTON BLVD #25A**
CITY-STATE-ZIP **SARASOTA FL 34236**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE **D** ☐ Delete
NAME **URBAN, JOHN**
STREET ADDRESS **3310 SHEFFIELD CIR**
CITY-STATE-ZIP **SARASOTA FL 34239**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE **D** ☐ Delete
NAME **FISHER, NEIL**
STREET ADDRESS **PO BOX 3803**
CITY-STATE-ZIP **OCALA FL 34478**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE **DVP** ☐ Delete
NAME **PENDER, MIKE**
STREET ADDRESS **1605 MAIN ST #1100**
CITY-STATE-ZIP **SARASOTA FL 34236**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE **D** ☐ Delete
NAME **GAYDOS, STEVE**
STREET ADDRESS **3951 HAVERHILL RD #219**
CITY-STATE-ZIP **WEST PALM BEACH FL 33417**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Delano Steimacker Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELANO A.**STEINACKER SR.**

Date

4/25/01

Daytime Phone

352-291-2557

CR2E034 (10/00)